

Providing School-Based Mental Health Services

OSHS Project Director Training - Grantee Session

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Safe Supportive Learning
Engagement | Safety | Environment

Agenda



1 Presentation

2 Panel Discussion

3 Reflection

4 Group Discussion and Initial Action Planning

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Presentation Topics



1 Multi-Tiered System of Supports for Students

2 Integration of Student Intervention Teams at School and Community Levels

3 Tools & Strategies: Student Screens

4 Tools & Strategies: Universal, Selective and Indicated Interventions for Students

5 Tools & Strategies: Providing Interventions in a Multi-Tiered System of Supports for Students that address mental and behavioral health problems

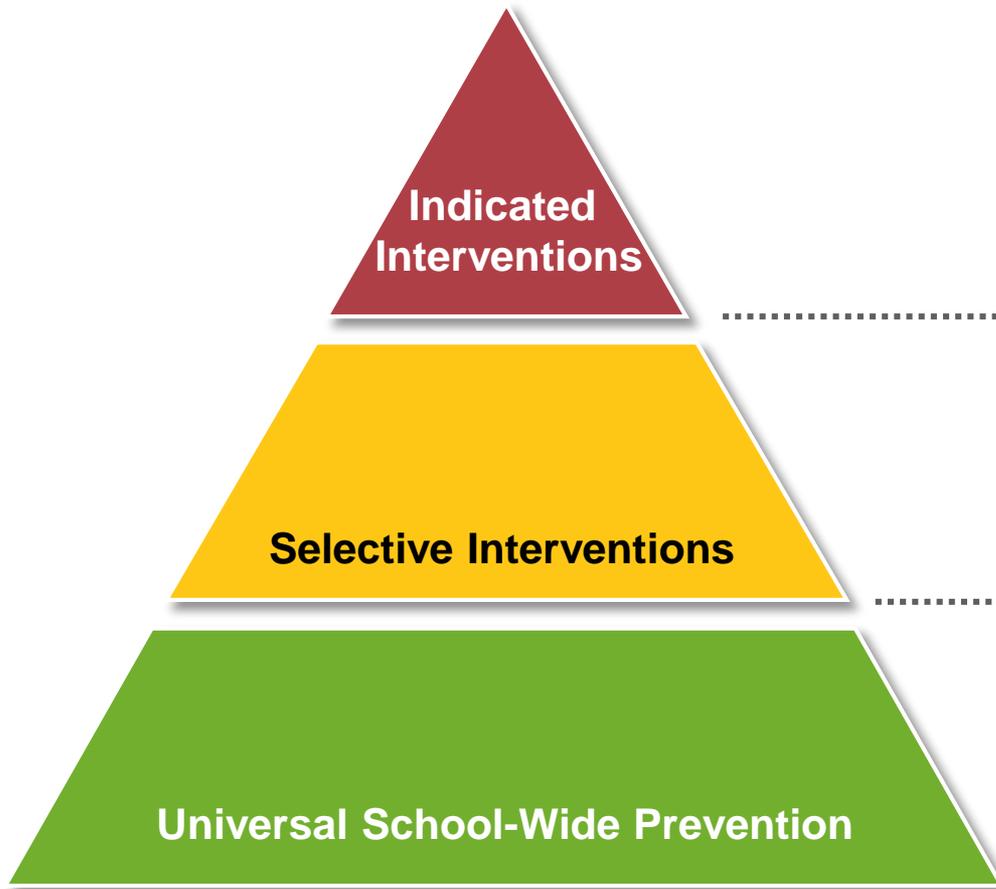


- Provide a full array of services at three tiers:
 - **Universal** mental health promotion for all students.
 - **Selective** services for students identified as at risk for a mental health concern or problem.
 - **Indicated** services for individual students who already display a mental health concern or problem.

- Build on planned, purposeful partnerships between schools and community systems.

- Use evidence-based practices to the extent possible and work to address quality improvement.

Multi-Tiered System of Supports



- Indicated interventions are provided for individual students that exhibit serious problem behaviors and emotions.
- Selective Interventions are provided for student exhibiting risky behaviors in order to reduce the cause of problem behaviors, and build social and emotional skills for healthier functioning
- Universal prevention is provided for the whole-school student population to promote healthy social and emotional understanding and skills.

Integration of Student Intervention Teams at School & Community Levels



- School and community partners join together to form a student intervention team.
- The team meets regularly to discuss and plan interventions for students that have been referred for school mental health services.
- Together the team develops an intervention plan for the student.
- The team ensures individual tasks are designated to ensure care coordination, treatment and follow up care is provided for the student and their family.
- The team provides oversight for the full intervention process.

Typical Partners for Intervention Team



School Partners

- Administrators
- Nurses
- Psychologists
- Guidance Counselors
- Social Workers
- Behavioral Interventionists
- School Resource Officers
- IEP Team Members
- Referring Teacher

Community Providers

- Psychiatrists / Doctors
- Clinical Supervisors
- Clinical Counselors
- Clinical Psychologists
- Social Workers
- Hospital inpatient / outpatient programs
- Case Managers
- Juvenile Probation
- Court system

The Intake Process



- The Student Intervention Team will ...
 - Review the needs of students referred for mental health services;
 - Determine appropriate services and supports for each student; and
 - Refer students and their parents or guardians to an appropriate staff member or to the community mental health agency.

- School or community-employed mental health providers who treat students then keep the Student Intervention Team informed about the students' progress.

Benefits of a school-community Intervention Team



- Bringing different strengths and skills together.
- Avoiding overlap and duplication of services.
- Having open communication and various viewpoints.
- Accessing more resources for the student and family as you partner across team members and school staff.



- Purposes of Screening
 - Identify students at risk for poor outcomes.
 - Identify students who may need monitoring or intervention (i.e., secondary or tertiary).
 - Inform decisions about needed services based on identified needs.

- Screening tools or processes in schools may include:
 - Office discipline referrals (ODRs)
 - Teacher/Peer nominations
 - Informal/"Homegrown" screening measures
 - Formalized, validated screening measures

Selecting Screening Tools



Assemble a team.

- Work within your school mental health team(s) to assemble a team of key family-school-community stakeholders to plan and implement a universal screening process.
- Provide education to stakeholders on the benefits of mental health screening.

Select screening tool(s).

- Provide education to stakeholders on the benefits of mental health screening.
- Choose tool(s) that is/are reliable, valid, and evidence-based.

Consider the following questions:

- Can it be purchased for a reasonable cost?
- Does it take long to administer and score?
- Does it offer ready access to training and technical support for staff?
- Does it reflect your current needs for screening (e.g., type of mental health risk, age range)?



Establish a tracking, triage and referral system.

- Identify team(s) that will use screening data to inform decisions .
- Develop a data collection process.
- Address legal and ethical considerations such as parent/guardian consent, student privacy, and a plan to screen students in a timely manner.
- Plan to address student mental health concerns identified within school and/or the community.
- Evaluate data sharing practices across team members.

Collect screening and follow up data.

- Implement the screening procedures, share data as appropriate, and utilize data to plan school mental health services and supports at the individual, family, group, classroom, grade level, and/or school-wide level.

Resources on Screening Tools



- Center for School Mental Health, Summary of Free Assessment Measures.
- Center on Response to Intervention at American Institutes for Research, Screening Briefs
- Desrochers, J., & Houck, G. (2013). Depression in Children and Adolescents: Guidelines for School Practice. Handout H: Mental Health Screening in Schools.
- Screening for concurrent substance use and mental health problems in youth.
- UCLA Center for Mental Health in Schools, Screening Mental Health Problems in schools.

Screening Tools



Pediatric Symptom Checklist (PSC)	<p>A psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. Included are two versions, the parent-completed version (PSC) and the youth self-report (Y-PSC)</p>	<p>4-16 (use Y-PSC for ages 11 and up)</p>	<p>http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklst.pdf</p>
Personal Experience Screening Questionnaire	<p>Quick and cost-effective, the PESQ allows routine screening of adolescents for substance abuse</p>	<p>12-18</p>	<p>http://portal.wpspublish.com/portal/page?_pageid=53,69732&_dad=portal&_schema=PORTAL</p>
Strengths & Difficulties Questionnaire	<p>a brief behavioral screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists.</p>	<p>3-16</p>	<p>http://www.sdqinfo.org/</p>
Reynolds Adolescent Adjustment Screening Inventory (RAASI)	<p>Appropriate for use with adolescents in school and in clinical use, as well as youth in juvenile detention, correctional facilities, and substance abuse treatment programs</p>	<p>12-19 years</p>	<p>http://www4.parinc.com/Products/Product.aspx?ProductID=RAASI</p>

Screening Tools



Ages & Stages Questionnaire – Social Emotional (ASQ-SE)	Quick social-emotional screen; can be administered by a paraprofessional; has parent component; available in English and Spanish	6 months – 5 years	www.brookespublishing.com
Behavioral and Emotional Screening System (BESS)	The BESS has a combination of advantages that are not matched by other screening tools: it collects information from three sources: parents, teachers, and youth, it comes with companion assessment tools (Behavior Assessment System for Children-2 nd edition (BASC-2), includes validity scales to check for response biases, measures strengths in addition to weaknesses, it can be used for children as young as 3 years of age.	3-18	http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAaBASC2bess
Child and Adolescent Needs and Strengths Assessment-Mental Health (CANS-MH)	CANS-MH could be used as a functional assessment of both the child’s and the caregiver’s needs and strengths to summarize results of the mental health assessment and guide intervention planning.	Birth through adolescence	Assessment: http://www.praedfoundation.org/CANS-MH%20Form.pdf Manual: http://www.praedfoundation.org/CANS-MH%20Manual.pdf
Guidelines for Adolescent Preventative Services (GAPS)	Questionnaires for younger adolescent, middle/older adolescents, and parents to screen for depression, substance abuse, suicide and behavioral health.	11-21	http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/adolescent-health/guidelines-adolescent-preventive-services.page

Searchable Intervention Registries



SAMHSA

National Registry of Evidence-based Programs and Practices (NREPP)

- <http://nrepp.samhsa.gov>
- Mental health and substance abuse interventions

Institute of Education Sciences (IES)

What Works Clearinghouse (WWC)

- <http://ies.ed.gov/ncee/wwc>
- Academic and emotional/behavioral interventions

Annie E. Casey Foundation

Blueprints for Healthy Development

- <http://www.blueprintsprograms.com>
- Academic, emotional/behavioral, and health interventions

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

- <http://www.ojjdp.gov/mpg/mpgSearch.aspx>
- Academic, aggression/violence, substance use, gang, trauma

Examples of Tier 1 Interventions / Universal



Prevention/Intervention	Goal
Second Step	Classroom curriculum that teaches social emotional skills to decrease impulsive and aggressive behavior and increase social competence.
Project ALERT	Group or classroom intervention to prevent alcohol, tobacco, and marijuana use and violence.
Project ACHIEVE	Group or classroom intervention to improve resilience, protective factors and effective self-management skills.
Life Skills Training	Group or classroom intervention to promote general social skills, self-management, drug resistance, and violence prevention.
Good Behavior Game	Classroom intervention with a set of evidence-based strategies to and a classroom game to increase self-regulation and cooperation and decrease unwanted behaviors.

Examples of Tier 2 Interventions / Targeted



Prevention/Intervention	Goal
The Strengthening Families Program (SFP)	Family skills training program designed to increase resilience and reduce risk factors (specifically, to improve social competencies & school performance, and reduce problem behaviors, delinquency, and alcohol and drug abuse in high-risk children).
Coping Power	Group intervention targeted towards children at-risk for aggressive behaviors, drug-use, and delinquency. Uses cognitive-behavioral techniques to teach children how to identify and cope with anger and anxiety, decrease impulsivity, and develop and improve social, academic, and problem-solving skills.
Positive Action	Comprehensive curriculum-based program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior. It is also designed to improve parent–child bonding, family cohesion, and family conflict.
Guiding Good Choices	A drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence; strengthens and clarifies family expectations for behavior; promotes bonding within the family; teaches skills that allow children to resist drug use successfully.

Examples of Tier 3 Interventions / Indicated



Prevention / Intervention

Goal

Aggression Replacement Training

CBT-based intervention to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior.

New Beginnings (Intervention for Children of Divorce)

Parent groups designed for divorced parents who have children between the ages of 3 and 17. Promoted resilience of children following parental divorce; 10 weekly group sessions, 2 individual sessions; skills to improve parent-child relationship quality and effectiveness of discipline, reduce exposure to inter-parental conflict, and decrease barriers to nonresidential parent-child contact. Groups are co-led by two master's-level clinicians.

Adolescents Coping with Depression

A cognitive behavioral group intervention that targets specific problems typically experienced by depressed adolescents, e.g., discomfort and anxiety, irrational negative thoughts, poor social skills, and limited experiences of pleasant activities. Consists of 16 2-hour sessions conducted over an 8-week period for mixed-gender groups of up to 10 adolescents. Each participant receives a workbook that provides structured learning tasks, short quizzes, and homework forms. To encourage generalization of skills to everyday situations, adolescents are given homework assignments that are reviewed at the beginning of the subsequent session.

Cognitive Behavioral Intervention for Trauma in Schools

A school-based group and individual intervention designed to reduce symptoms of posttraumatic stress disorder (PTSD), depression, behavioral problems; improve peer and parent support; enhance coping skills among students exposed to traumatic life events, e.g., community/school violence, physical abuse, domestic violence, accidents, and natural disasters.

Welcome to the SHAPE System

School Health Assessment and Performance Evaluation System

The School Health Assessment and Performance Evaluation (SHAPE) System for school mental health systems is an interactive system designed to improve school mental health accountability, excellence, and sustainability.

The SHAPE System allows:

- State and district education leaders and school mental health systems to assess school mental health quality and sustainability
- School mental health systems to rate school mental health quality and compile aggregate student data inputted by individual school mental health clinicians
- School mental health clinicians to enter screening, assessment, and progress monitoring on individual students
- Generation of individualized, data-driven reports on student outcomes and school mental health system quality and sustainability
- Individual quality improvement guidance and feedback



[Register Your School](#)

[Register Your District](#)

About Us

The SHAPE System is hosted by the national [Center for School Mental Health \(CSMH\)](#) at the University of Maryland School of Medicine. The CSMH is committed to enhancing understanding and supporting implementation of comprehensive school mental health policies and programs that are innovative, effective, and culturally and linguistically competent across the developmental spectrum (from preschool through post-secondary), and three tiers of mental health programming (promotion, prevention, intervention). The mission of the CSMH is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. From its inception in 1995, the Center's leadership and interdisciplinary staff has promoted the importance of providing mental health services to children, adolescents, and families directly in schools and communities.

What is the National Quality Initiative?

The National Quality Initiative (NQI) is an effort of the Center for School Mental Health (CSMH) in partnership with the [School-Based Health Alliance \(SBHA\)](#) to advance accountability, excellence, and sustainability for school health services nationwide by establishing an online census and national performance measures. The SHAPE System serves as the portal by which comprehensive school mental health systems can access the census and performance measures, as well as obtain customized school and district level progress reports and useful resources to improve system quality and sustainability.

Funding support for the development of The SHAPE System comes from the Behavioral Health Administration via the 1915 (c) Home and Community- Based Waiver Program Management, Workforce Development and Evaluation and the Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health, Adolescent Health Branch of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

Why Register With The SHAPE System?



BE COUNTED!

Registering to create an account with the SHAPE System allows your school or district to be counted in the National School Mental Health Census.



Rate Your Performance

Self-assess your school mental health system's quality and sustainability based on National Standardized Performance Measures selected just for school mental health!



Track Student Progress

Track the progress and outcomes of your school-based interventions for individual students, groups, classrooms, or whole school activities.



View and Print Customized Reports

- Obtain free, personalized resources to advance your system's quality and sustainability.
- Get printable reports on your system's performance in quality and sustainability areas that you can bring back to your school teams with recommendations and resources for improvement.
- Select individualized tools to assess progress and outcomes, and print reports with easy-to-read graphics showing student trends.



Get Free Resources

- SHAPE is a free, grant-funded public access system to support school mental health programs.
- Browse a comprehensive resource library of PDFs, videos, guides, and weblinks on all aspects of school mental health programming.

How to Register a School

Welcome!

Thank you for expressing an interest in registering your school with The SHAPE System! Registering with The SHAPE System allows your school to be counted as part of the National School Mental Health Census and will give you access to the performance measurement system and a comprehensive resource library of free tools and resources.

This registration process is designed to be completed by your school's SHAPE System Leader. This individual will REGISTER YOUR SCHOOL with this free, secure, web-based platform in order to:

- Be "counted" in the National School Mental Health Census
- Self-assess the quality and sustainability performance of your School Mental Health System
- View and print customized reports with a team-based strategic planning guide
- Obtain free school mental health tools and resources
- Track student progress
- Invite individual team members at your school to log in and view your School Mental Health System progress and measure the impact of school mental health interventions

What is a Comprehensive School Mental Health System?

The National School Mental Health Census is designed to "count" each Comprehensive School Mental Health Systems (CSMHS) nationwide. This effort is part of the National Quality Initiative which is a project funded by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau to advance accountability, excellence, and sustainability for school health services nationwide by establishing and implementing an online census and national performance measures. **A Comprehensive School Mental Health System (CSMHS) is defined as school-district-community-family partnerships that provide a continuum of evidence-based mental health services to support students, families and the school community.** Your system includes any group of individuals working together to support the social, emotional, and behavioral well being of students, their families, and schools.



Register at the bottom of the page.

Are YOU the SHAPE Leader?

BEFORE PROCEEDING, note that you will need the following information to ADD YOUR SCHOOL:

- Key people who serve on your school mental health team, including school AND local community agency members
- Number of students enrolled last year at your school (Total Number of Students in the building)
- Number of students served by school mental health services at Tier 1, 2 and 3.
- Student referrals and documented improvement information (if available)
- Type of school mental health services provided in your school or district CSMHS
- PRINT the PDF of the School Mental Health Census for Schools in order to view all information needed so that you can gather the data and have it readily available when you ADD YOUR SCHOOL

If you do not currently have this information, talk with the SHAPE team members at your school to determine what data you can realistically obtain and confirm who will be registering your school as the SHAPE System Leader. Where data systems or sources are unavailable for census data requested you are encouraged to work with your team to provide an estimate.

Register Your School

Registering your school below will ADD YOUR SCHOOL to the SHAPE System, giving your school it's own account and you will BE COUNTED in the National School Mental Health Census. The information you provide will be added to other registration information from across the United States to help better understand the current state of school mental health systems. The census and performance measurement system will help efforts to advance the number of high quality, sustainable CSMHSs nationwide. Your information will not be sold, rented, or leased to third parties.

State

District

School

Register School

School Program Quality Indicators

Mental Health Quality Assessment Tool

INSTRUCTIONS: The School Mental Health Team Leader should complete this assessment tool, answering questions about the status of the Comprehensive School Mental Health System (CSMHS). CSMHS are defined as school district-community partnerships that provide a continuum of mental health services to support students, families and the school community.

CSMHS "quality" refers to the characteristics which contribute to or directly represent the overall standard of services and supports provided in schools, based on established best practices in school mental health research, policy and practice.

This School Mental Health Quality Assessment Tool is designed for your CSMHS to self-assess your system's quality. The team-based process of completing this Quality Assessment Tool is also intended to facilitate your team's communication about various aspects of school mental health quality and establish a common language about how quality improvements are pursued in your local CSMHS.

We strongly recommend that the completion of this survey be done as a team process. To ensure all contributors are reflected in the report generated from this survey, please list names and roles of all contributing team members below (optional).

[PRINT this assessment](#) to see all areas you will be asked to provide data on and determine whether you need to collect any further information from your team before proceeding.

Your name and role:

*1. Your first name:

*2. Your last name:

*3. Your role:

Contributing team member #1:

4. First name:

School Program Quality Indicators

School Mental Health Profile

The school mental health profile captures the number of students receiving different types of school mental health and substance use services.

TIME FRAME: Please complete these questions for **LAST SCHOOL YEAR**.

(This includes all activities conducted between July 1 through June 30 of the previous year. For instance, if it's July 1, 2015 through June 30, 2016, your reporting period is July 1, 2014 through June 30, 2015.)

*1. Time frame of last school year: (YYYY-YYYY)

*2. How many students were enrolled in grades K-12 last school year?

*3. Number of unduplicated students who received at least one school mental health service last year.

A school mental health service is prevention/Tier 2 or intervention/Tier 3 support or service provided in the school building to support student social, emotional, and/or behavioral functioning. The provider can be school or community employed, licensed or a trainee. Later in this survey, you will be asked to report about this group of students in more detail by Tier of service.

*4. Number of unduplicated students who received at least one school substance use service last year.

A substance use service is any prevention/Tier 2 or intervention/Tier 3 support or service provided in the school building to prevent the development of or treat the incidence of substance use disorders (to include use and dependence). The provider can be school or community employed, substance use professional or trainee (regardless of license or certification). Later in this survey, you will be asked to report out this group of students in more detail by Tier of service.



During the last school year, 300 students in your school were screened by a school-based staff member. This is 60% of your student body.

Of those students who were screened:

- 200 received depression screening
- 100 received suicidality screening
- 240 received substance use screening
- 50 received trauma screening
- 250 received anxiety screening
- 400 received general mental health screening
- 300 received other mental health screening

About Screening

Mental health screening is defined as using a tool or process employed with an entire population, such as a school's student body, to identify students at risk for a mental health or substance use problem. Mental health and substance use screening in schools is a foundational element of an overall comprehensive approach to behavioral health prevention, early identification, and intervention services. Schools are a critical setting for screening, consistent with the larger population health movement toward improving the public health of all students and families. Screening can also be a sensitive and challenging undertaking within individual schools and school districts. Primary action steps to advance your CSMHS's performance in the area of screening include assembling a team of key stakeholders, selecting screening tool(s), and establishing policies and procedures for collecting, interpreting, sharing, and using screening data to identify students eligible for school mental health services and supports. For more in-depth guidance and specific strategies to advance your CSMHS's screening processes, please refer to:

[Resource Library > Quality Progress Report and Resources > Quality Guide: Screening](#)



Thank you for completing the *School Mental Health Quality Assessment Survey*. We encourage you to meet with your school mental health team and review your scores on each performance domain provided in this report and engage in a strategic planning process to guide quality improvement. Quality guides are available for each performance domain and indicator with action steps and resources to guide improvement. Consider using these materials and the *Strategic Planning Guide* to create a strategic plan for improving your team's performance in one or more areas.

List the domain(s) on which you scored the lowest (Emerging and Progressing) and evaluate your system's capacity and motivation to implement change in each domain.

Domain	Need for change (1-10) 1=no need 10=great need	Desire to change (1-10) 1=no desire 10=great desire	Resources to achieve change (1-10) 1=no resources 10=many resources	Barriers to change (1-10) 1=no barriers 10=many barriers
1.				
2.				
3.				

Select one domain from the list above that your team wants to improve.

DOMAIN: _____



Quality

Last Updated: September 24, 2015



Sustainability

Assessment Needed

[Complete Assessment](#)

Quality Progress Report and Resources

September 24, 2015 - Amanda Mosby



[Progress Report](#)

[Completed Survey](#)

[Add Survey](#)

Filter:

All

SMH Profile

Screening

Services and Supports

Implementation

Needs Assessment/Resource Mapping

Teaming

Decision Making



Quality Guide: Evidence-Based Implementation



Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support



A Framework for Effectively Implementing Evidence-Based Programs and Practices



A Road Map to Implementing Evidence-Based Programs



Blueprints for Healthy Development



Frank Porter Graham Child Development Institute's State Implementation and Scaling-Up of Evidence-based Practices Center



Institute of Education Sciences (IES) What Works Clearinghouse (WWC)



National Implementation Research Network



National Registry of Evidence-based Programs and Practices (NREPP)



Selecting Evidence-based Programs



Ten Critical Factors to Advancing School Mental Health



What Students Have to Say About School Mental Health





Individually, reflect on the following questions:

- What are you already doing that aligns with what you learned in this session?
- Identify THREE major points you will take away from this session.
- Identify TWO resources or methods of support that would advance your school-based mental health provision.
- Identify ONE specific step you can take to advance this work in your district.



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